

Stress Impact Work Package II

Review and Inventory of Italian Systems and Policy

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Chapter 1 – Introduction

1.1 Aims of the Report

We aim to provide a context for evaluating the results of the surveys planned in the project.

To address this objective, the report reviews policy and position papers that are relevant to issues of sickness leave and long-term absence. It covers different areas such as health, social protection and insurance, employment, disability and equality legislation due to the multi-disciplinary nature of the long-term absence process.

Based on this context, we draw conclusions on the impact of national systems of delivery and regulation upon an individual experiencing withdrawn from the workplace due to negative stress reactions.

Chapter 2 analyses and describes relevant national legislation instruments.

Chapter 3 presents non legislative provisions and initiatives, including sectoral agreements, provider agreements, and social parties initiatives.

Chapter 4 reports the current policy debate with the perspectives of the different stakeholder parties on the issue.

Chapter 5 draws the conclusions by discussing the adequacy of the current provisions for stress and long term absent employees and the level of awareness and debate on the issue. It summarises future directions in policy and legislation.

1.2 Data Sources

The information to draw this report was gathered from very few sources, governmental websites and general statistics, the analysis of some legal instruments, the policies described in some documents of statutory agencies, social partner documentation and policies and some consultation with key stakeholders.

Literature:

Publications of Ministry of Welfare
Publications of Ministry of Labour

Publications of Ministry of Health
Publications of INPS Istituto Nazionale della Previdenza Sociale (NHS)
Publications of INAIL Istituto Nazionale per l'Assicurazione contro gli Infortuni sul Lavoro

Website:

Ministry of Welfare (www.welfare.gov.it)
Ministry of Health (www.ministerosalute.it)
INPS - Istituto Nazionale della Previdenza Sociale (www.inps.it)
INAIL - Istituto Nazionale per l'Assicurazione contro gli Infortuni sul Lavoro (www.inail.it)

1.3 Background of Italian Legislation in the area

The reforms both of the “market work” (known as Biagi Law/2003) and the Health and Social Security System are ongoing. In May 2002, The Ministry of Health established a special Commission, the “Observatory for Mental health protection”, which within that year set up a sub-commission on the theme of mental health problems related to work. In the same year (October 2002) during a Conference “Work with stress” (Lavorare con stress), in Milan, the Ministry announced that in the ongoing reform particular attention will be devoted to the issue of absence at work due to stress.

The phenomenon of Long Term Absence as referred to in the objectives of the present project is only being addressed at national level since recently (October 2002). The main source of information available is aggregate data and it is almost impossible to obtain data related to Long Term Absence. There is a lot of information available, covering the last 5 years, which is organized according to sectors and industrial injury typologies but it refers only to the medium term of absence, typologies of invalidity, partial or total, end so on. Also, the Privacy Law in Italy doesn't permit access to that kind of information. Furthermore these are not yet stored in the national systems.

1.4 Relationship of Report to Stress Impact Project

The context in which the long term absents become diagnosed is given by interrelated aspects of health legislation, company policy, medical guidelines, social security policies. We aim in this document to describe the national systems and policies within which the key reference people, both medical and employment professionals operate. Furthermore, in Italy a large assistance to a long term absent is given by the Trade Unions and Patronati, such as ACLI (Associazione Italiana di Lavoratori Italiani) as well as the internal representatives of trade unions in the workplaces such as RSU (Rappresentanza Sindacale Unitaria).

The Italian context of national systems and policies revealed the absence of references to stress or stress related conditions in system policies, processes, procedures and law.

To correctly interpret the results of our studies (professional, family and LTA study) it is important to analyse and describe the main Italian measures and initiatives that have the potential to impact on an individual who seeks temporary respite from work as a result of experiencing negative stress reactions. This document gives an overview of social insurance, welfare, employment and equality legislation, and describes the underpinning philosophy upon which the system is based and the main provisions that govern the long-term absence process.

Chapter 2 – National legislative instruments

2.1 Philosophy

Health and safety protection and the maintenance of the workplace environment is founded on the Workers' Statute (Law n. 300 of May the 20th, 1970 - Workers' Act). The whole "Work Market" system is inspired by **art. 32 of the Italian Republican Constitution. In Italy "stress" (at work and not at work) is not actually dealt with in legislation.**

2.2 Social insurance

Social insurance is the system of measures and bodies specified by or administered by the State which is intended to provide financial protection for employees, by means of a pension, allowance or other provision in the event of needs such as invalidity, old age, death (for family members), accidents at work and occupational diseases. In contrast to "assistance" and **social security**, social insurance is not extended to all citizens, but is confined to employees.

In addition, it is based on the principle of "mutual insurance", whereby those categories of people who are entitled to the benefits paid by social insurance help to finance it by contributing a proportion of their earnings (social security contributions). Social insurance first came into being as a system of compulsory insurance for employees against risks resulting in a decrease in their income from work; but with the advent of the Republican Constitution (Art. 38) it incorporated the principles of general solidarity (Art. 2) and material equality (Art.3) which have transformed it, or are aiming to transform it, into part of a broader scheme of social security.

Today, it has all but lost its characteristics as an insurance system, owing to the ever mounting level of financial intervention by the State and, above all, owing to the absence of any actual correlation between the benefit received and the contributions paid. The recent **pension system reform** seeks to remedy this situation, in particular through the adoption of a contribution-based system to replace the earning-related system. After a transitional phase during which the two systems will necessarily operate side by side, for all the employees the pension benefit received will be calculated only on the basis of the contributions paid.

2.3 Social Legislation and Social Welfare Legislation

Social legislation is a body of provisions aimed at protecting the worker from arduous, harmful or dangerous work (laws on employment of women and minors, maximum

working hours, weekly rest days, accident prevention), at addressing particular human needs connected with age, sex and health (Law on insurance against illness, invalidity and old age, maternity-protection Law), or at laying down rules governing certain aspects of the individual employment relationship (Law and placement and individual dismissal).

Social legislation is the primary form of intervention by the state in the relationships between capital and labour, intended to limit private negotiating autonomy by redressing the balance of a contractual relationship distinguished by economic and social imbalance between the parties (protection of the employee as a weaker party of the contract).

During the Fascist period, the major feature was the imperative nature of labour legislation. The 1948 Constitution provided a thorough going system of labour protection, through the recognition both individual social rights (Art. 4, 35, 36, and 37) and the rights to varying degrees of collective participation (Art. 3, 39, 40 and 46) concerning various aspects of relations with the state and the with employers.

Since then, the trend has been towards an expansion of the scope of labour law, which now extends its protection to various categories of non-employee workers, all characterized by being in a position of contractual weakness.

Recently, numerous legislative measures have empowered collective agreements to derogate *in pejus* from statutory protective provisions (Law 903 of December the 9th 1977, which permits derogation by collective bargaining from the ban on night work for women), with a view to achieving a negotiated flexibility in the use of the labour force.

2.3.1 New Legislation

The main Law on workplace health and safety currently in force in Italy is Law 626/1994. This law transposes the eight EEC directives issued between 1989 and 1990 and has a wide range of application, given that it applies to all firms, private and public, regardless of their numbers of employees. Moreover, it provides all workers regardless of the type of employment relationship (open-ended or fixed-term). The Law 626/94 covers the health and safety of workers in the broad sense. It does not make explicit mention of stress.

Specific mention to psychological aspects of work is only made in art. 32 (same Law) of the chapter on the use of equipment with video display terminals. This states that the employer must analyse work stations in particular as regards risks to the employee's eyesight, ergonomic aspects and physical and mental fatigue.

Prevention is one of the main objectives of Law 626/1994, which focuses on the identification and elimination of risks in the workplace in order to achieve this objective, besides the direct involvement of the employer, the Law provides for the creation of special bodies within firms, like the "Prevention and Protection service" and the "Security Manager" and periodical appointments with "Workers' Safety

Representative”.

The creation of a Prevention and Protection service within the company is compulsory in the case specific industry sectors or enterprises sizes (50 – more than 200 employees). In other types of firms, these tasks can be carried out by the employers him/herself after s/he has received suitable training, or it may be outsourced.

LTA can be seen as sickness absence due to different factors. For example, it may depend on the location in which the injury happened. The body that oversees all occupational injuries is **I.N.A.I.L.** (Istituto Nazionale per l’Assicurazione degli Infortuni sul Lavoro). If, however, the injury happened outside of the work environment, the body to refer to is **I.N.P.S.** (Istituto Nazionale di Previdenza Sociale). Both bodies have regionalised offices. They are the operative bodies of the Ministry of Labour and Welfare.

I.N.A.I.L. (Istituto Nazionale per l’Assicurazione degli Infortuni sul Lavoro – National Institute for Industrial Accident Insurance).

INAIL is the state-non public body which administers the compulsory insurance against accident at work/industrial accident and occupational illnesses.

I.N.P.S. (Istituto Nazionale di Previdenza Sociale)

The I.N.P.S. is the public body which administers the various form of compulsory and optional insurance that make up the Italian system of “social insurance”, in particular the compulsory insurance for invalidity, old age and survivors (pension), tuberculosis and involuntary unemployment (unemployment benefit). It performs other important functions in “the social welfare” field, notably administration of the “Wages Guarantee fund”. The I.N.P.S. comes under The Ministry of Labour and Welfare and operates through various committees.

2.3.2. Illness

Art. 38 of the Constitution provides for the right of workers to be provided with adequate means of subsistence in the event of illness. The relevant regulations are to be found in Article 2110 of the Italian Civil Code, which recognizes the right of employees who are absent through illness to receive **either a social insurance benefit** (if provided for by law) **or their pay or part of their pay**, for a period of time and in an amount laid down by law, by collective bargaining, by custom or according to natural justice.

White-collar workers are entitled to receive their full pay directly from the employer from the first day of illness; blue-collar workers, on the other hand, receive a sickness benefit from the INPS, although this is usual made up to the amount of their normal pay by the employer, under the terms of the relevant industry-wide agreement.

In the case of blue-collar workers there is a also a further legal limitation known as the “*carezza assicurativa*” (qualifying period); under this they are not legally entitled to receive the sickness benefit until the third day of illness. Here again, however, the difference between white-collar and blue-collar workers has been eliminated in

practice by **many collective agreements**, which guarantee from 80 to 100 per cent, pay from the first day of illness. In the event of illness, the employment relationship remains suspended until the “**protected period**” has expired; after this time, the employer can withdraw from the contract if the absence continues (**checks for sickness absence**).

2.3.3 Checks for sickness absence

Health checks are carried out for the purpose of verifying that an employee’s absence on the ground of illness is justified. **Art. 5 of Law 300 of 1970** does not allow the employer to have such checks carried out by a doctor of his or her own choice, and lays down that they can be carried out only by the **inspection services** of the competent security institutions, at the request of the employer. **Art. 5 of the Law n. 638 of 1983** subsequently provided that checks on sickness absence can also be carried out by non-medical personnel.

In order to permit these checks, **Law n. 155 of 1981** obliges the employee to send **written notification** within two days of the commencement and presumed duration of illness to the employer and a certificate of diagnosis to the INPS, both drawn up by the General practitioner providing treatment.

The most recent collective bargaining provision and government agreement (commonly known as **Minister Scotti’s Agreement – 1983**) also obliges employees to inform the employer immediately of the reasons for absence.

In fact, in order to discourage brief sickness absences and to prevent unjustified absences, the “Scotti Agreement” of 1983 introduced new checking procedures, to a large extent incorporated in Law 638 of the 11th November, 1983, which revised the regulations relating to checks on sickness absence laid down in Art. 5 of the Workers’ Statute.

Illness contracted during the performance of work and caused by it is classified as “Occupational illness/industrial disease”. The Law of 1985 classified as industrial disease only those explicitly mentioned in the list established by the Law (Sistema Tabellare) and contracted during and because of the type of work it specified. However, following a recent judgement of the Constitutional Court, diseases not included in this **official list must also be regarded as industrial diseases in case where they have been caused by work.**

Since the end of the 1990s in Italy, increasing attention has been paid to the phenomenon of mobbing in the workplace. This is not strictly related to stress but instead to bullying, harassment, discrimination, etc., suffered by the employee at the hands of his/her employer or colleagues. Mobbing may well be the cause of stress and mental/physical distress. During the 13th legislature, which concluded with the election of 13th May 2001, 8 bills on mobbing were presented in Parliament. Besides defining the phenomenon, they dealt with action to be taken to protect workers against

mobbing. None of these bills has been approved or looks likely to be approved in the near future.

2.3.4 Occupational injury event

If an occupational injury happens, the employer must communicate the event to I.N.A.I.L. within **48 hours**, compiling the appropriate module (F24) often with the aid of the "**Union Representative**". The latter should initiate the mediation between the Human Resource (HR) department and injured worker. It is fundamental that all injuries, even those thought at first to be of a minor nature, be communicated. Occupational injury also entails injuries that occur "*in itinere*", or accidents that may occur along the route to and from work (for the duration of the entire journey, without unnecessary deviations from the route and demonstrating that one had to use that specific means of transport). If an occupational injury arises, one has the right to general medical services including accident and emergency, and medical treatment.

As far as income maintenance is concerned, **the employer pays wages for the first 3 days** from the day in which the accident happened. The system of insurance against occupational injuries offered by INAIL is activated only **after 3 days** when temporary indemnification begins. This indemnification is equal to **60% of the wages earned** in the two weeks prior to the injurious event, rising to 75% after 90 days. This temporary indemnification is provided until the worker has fully recovered (medically) his ability to return to work

2.3.5 Non-occupational injurious event

The welfare system operated by INPS is also activated **after 3 days following a non-occupational injurious event**. In this case, **the indemnity is initially 50% of the salary earned in the 2 weeks prior to the injury and is paid for 20 days, after which the percentage rises to 66%**. This indemnification is paid up to a **maximum of 180 days** in one calendar year.

If the injury causes an irreversible lesion or permanent disability equal to or above 16% of capacity, a permanent indemnification is paid based on the medical certification of the condition and on INAIL tariff tables that rank severity of incapacity. According to the current laws, the permanent indemnification does not exclude the payment of pensions acquired through work.

The person's disability is evaluated for 10 years and for variable periods, and, depending on the type of disability, an indemnification for accompaniment can be established. Accompaniment Indemnity, ex **Law N° 18/1980**, is applied to "**civilians with total invalidity**" that cannot move around independently without the permanent help of a person to accompany them or **those not being able to carry out daily duties relevant to a normal life without continuous assistance**.

To be recognised as disabled, instead, it presumes a physical, psychological or sensorial restriction that causes difficulties in learning, in social interaction and in work integration to the extent that it may disadvantage the individual.

When such disabilities reduce personal autonomy to the extent that **the person requires continuous, permanent and global assistance** the situation is labelled as serious or grave. In substance, in order to receive the indemnity for accompaniment a total inability must be recognised (100% reduction of work capacity) as well as a non-autonomous condition (mobility or other difficulties in completing activities of daily life and duties). This recognition of total inability is not required in order to be recognised as having a “serious disability”, even though the establishment of this is often contextual and must satisfy the requirements of **Laws N° 295/1990, 104/1992 and, now, even Law N° 68/1999.**

It is the complexity of the assistance intervention, however, that is evaluated as “more serious or grave” the condition necessary in order to be certified according to **3rd comma of Article 3 of Law N° 104/1992** with respect to what is required by **Law N° 18/1980** for the concession of the Accompaniment Indemnity.

This premise serves to explain and justify why the Ministry for Labour does not view even total invalidity as necessarily causing a complete inability to work, stating that “determined residual capacities may remain (in the disabled person)” and that these may be “consistent to a relevant work activity in which disability may only impact moderately”.

One must add that Law N° 508/1999 (Article 1, comma 2) has reinforced the idea stating specifically that “accompaniment indemnity is not incompatible with the carrying out of work activities”. Other principal Welfare provisions, regulated by national laws and provided by INPS, available to the individual with permanent disability are Special Indemnity (for people who are partially sighted), Communication Indemnity (for who are deaf/cannot speak), Inability Pension (for disabled people of working age who are 100% unfit for work), Monthly Cheque (for people of working age who are unemployed with at least 74% reduction in work capacity) and Social Cheque (for all civilians, including disabled persons, on reaching 65 years of age).

2.3.6 Descriptions of disability and diagnosis of a medical condition

As highlighted before, Employment Services for People with Disabilities, may be seen as the **most complex product of a new active approach towards disability**. This means that under its umbrella all sorts of impairments can be considered in relation to the residual working capability of the disabled person. The basic concept is, then, that through **Employment Services for People with Disabilities** the State shall try to find, by all necessary means, a suitable working activity. This task is performed, primarily by using the system of global assessment of capabilities in relation to labour market data.

It is clear that this process starts from the diagnosis of medical condition, physical and mental. Many problems arise from the fact that **Employment Services for People with Disabilities** (ESD) has to be considered as an umbrella policy. As far as medical diagnosis is concerned difficulties are related to the coexistence of different models of

assessment of disability conditions. In fact ESD covers persons affected by all impairments:

2.3.7 Social security

- √ **Invalidity experience by workers due to their working activity (work accidents and professional diseases)**
 - Workers affected by permanent inability to work, absolute or partial
 - Workers affected by temporary absolute mobility work

- √ **Invalidity experienced by workers not linked to work accidents and professional diseases but due to physic or mental failures**
 - Workers affected by invalidity (1/3 of working capability)
 - Workers affected by inability (absolute and permanent impossibility to perform any work)

2.4 Employment Legislation

- √ Handicapped person
- √ Severe handicapped person
- √ Employment services for disables

2.4.1 Recognition of an event or experience

As an umbrella provision, Employment Services for people with Disabilities also cover workers injured by work accident or affected by occupational diseases in order to find them suitable employment. It is very interesting to stress that, according to Law n. 68/1999, in these cases the assessment done using medical methods is sufficient to evaluate and to verify the residual working capability of the claimant. The Specific and more detailed Assessment (SA) required for other impairments by the same Law 68/1999 is not needed. But the method used is only aimed at defining the degree of inability of the worker, without any real assessment of global residual working capability.

2.4.2 Assessment of lack or loss of anatomical structure or function

The same remarks of the previous point can be proposed in this case. If one takes into account an identical event, e.g. total loss of the right arm, a different assessment process will be provided depending on whether the loss occurred because of work accident or because of other reasons not connected with the working activity.

In the first case the only assessment will be that one performed above, in the second case, a first assessment will be provided in order to declare the degree of invalidity, according to the still quoted tables contained in Decree of Ministry of Health 5 February 1992, and SA will be done by Medical Panels according to specific provisions.

Both persons will be covered by the Employment Services for people with Disabilities but only the second one will benefit from the global evaluation of the residual working capability introduced by Law n. 68/1999 through SA.

2.4.3 Assessment of restrictions in physical movements, sensory perceptions, or emotional responses.

If we look only at SA method introduced by Law n. 68/1999, which is applied to all kinds of impairments except for those falling under the point described above, one may see that a wide use of WHO's ICIDH instrument has been made. In fact Medical Panels evaluate conditions of disability according to **Decree of the President of Council of Ministers 13 January 2000** which provides detailed parameters aimed at defining, the so called **Functional Diagnosis (FD)** of the claimant. As far as restrictions in physical movements, sensory perceptions, or emotional responses are concerned, these parameters are the following: body position; mobility; **neuro-musculoskeletal** and movement related functions; structure related to movement.

Assessment of restrictions in activities of daily life (e.g. washing, dressing, eating, mobility): since assessment under Employment Services for People with Disabilities is aimed at verifying working capability no reference is made in the above mentioned Decree 13 January 2000 to such activities.

2.4.4 Assessment of ability to undertake remunerative employment

Medical Panels, supported by a **Technical Committee** (Technical Committee) set up in each Province, produce a **Working and Social Profile (WSP)** in which information is acquired with reference to the environment in which the disabled person is living, to his/her family situation, to his/her education, to his/her employment conditions. In order to draw the WSP, Medical Panel and Technical Committee have to use data contained in FD and the so called **Dynamic and Functional Profile (DFP)**; this latter refers to the school period of the claimant and has to be drawn by teachers who were responsible for the disabled person during those years.

The composition of Technical Committee is of major importance: it has seen the advent of a multidisciplinary approach to disability, since Technical Committee is composed by medical examiners, social workers, employers' and employees' representatives, representatives of Local Governments at regional and provincial level, labour market experts, and experts in disability care and rehabilitation.

The task of the Technical Committee is to define, taking in account FD, a path for the disabled person which will highlight his/her working capability, setting up instruments and benefits to insert him/her in the labour market, defining the notion of suitable employment for each claimant. At the end of this procedure the Medical Panel and the Technical Committee elaborate a **Joint Definition of Global Actual and Potential Capability (JDGAPC)**.

2.4.5 Method of Assessment

- Medical examination of ‘patient’ by medical practitioner: own doctor assessment is always needed, to claim for all benefits regarding disability in general.
- Medical examination of ‘claimant’ by medical practitioner(s):
- INPS is responsible for SA introduced by Law n. 68/1999 and also for previous assessments of all impairments, except those ones performed under B1 and B2.
- Self-assessment by person making the claim, or personal testimony: personal testimony is allowed during the definition of WSP and FD.
- Observation/direct investigation of person’s capabilities by medical or other professionals e.g. labour market specialists: see competences of Technical Committee.
- Administrative decision: it is difficult to say that at the end of the above described procedure there is a traditional administrative decision. On one hand, it is true, from the results of FD, according to JDGAPC, the Medical Panel draws up the Final Report which will be sent to each provider in order to make the inscription of the claimant to EDS operative. On the other hand, it is a never ending process, because it depends on the way in which personal path develops. For instance, FD may be revised because of changing in JDGAPC due to the positive attendance of training or rehabilitation programmes.

2.4.6 Instruments used in measuring extent and scope of disability

Person’s medical records and history: in case of Employment Services for Persons with Disabilities, a personal record of disability is very important since it is considered both in the previous assessment of impairment made or by Medical Panels or by INAIL and INPS practitioners, both within the SA introduced by Law n. 68/1999. Furthermore, according to Decree 12 January 2000, FD is based also on the evaluation of the whole pre-existent medical record (own practitioner’s, previous Medical Panels’ assessment or INAIL’s and INPS’ assessment, which have to be collected by Medical Panels during the drawing of FD).

Statutory listings of impairments, defined in clinical terms: listings are relevant only if provided for the previous assessment for each impairment. Statutory list of abilities required to perform certain activities with graduated degrees of difficulty: as stated

earlier the influence of ICIDH on the contents of Decree of 13 January 2000 is evident, so that a complete list of abilities is annexed to the Decree and has to be used by Medical Panels during the specific assessment introduced by Law n. 68/1999.

General labour market information e.g. about average earnings, about jobs which are 'equivalent' to that of person claiming: all this information shall be provided by Technical Committee and used together with Medical Panels to define the path that will lead the disabled to the insertion in labour market.

Information about labour market conditions e.g. employment rates, availability of commensurate jobs: see Technical Committee competences. Information about employment prospects e.g. availability of vacancies in suitable employment and/or previous employment: according to the Employment Services for Disabled reform provided by Law n. 68/1999, within the framework of general Employment Services reform in 1997 (Legislative Decree n. 496/1997) regional and provincial bodies of Local Government have to provide specific assessment and information on vacancies in suitable employment for disabled. In order to give appropriate answers, these bodies are structured in a tripartite way (employers', employees', local governments' representatives).

Information about person's characteristics and backgrounds e.g. age, gender, education, work experience, availability of transport, family support etc.: this information is acquired by Medical Panels and Technical Committees in order to draw WSP.

Information about the extent to which a person relies on aids for fulfilling his/her capacity: this information is acquired by Medical Panels and Technical Committees in order to draw WSP.

Comments

Since Law n. 68/1999 only came into force in January 2000, therefore it is difficult at present to get the information required under this Section. A general comment made both by providers and by users, informally contacted, refers to the very different level of implementation of this reform depending on the Region. That is due to the fact that Employment Services for persons with Disabilities reform **as general reform of Employment Services**, is based on the principle of **decentralisation of tasks and functions to Local Governments (Regions, Provinces and Communes)**.

As always happens in Italy, some Regions are more active than others. Moreover, in the field of disability one may say that some Regions already had progressive and advanced legislation on the subject (e.g. Lombardia, Emilia e Romagna, Abruzzo and Molise), providing active policies. For these Regions it will be easier to implement the reform. For others, the reform **will really impose a drastic changes in consolidated practices, inspired by a passive approach to disability and to Employment Services in general**. The main problem, here, will be that one of personnel retraining, since it will be difficult to think about a massive hiring of experts in presence of the high number of employed in the Employment Services. But, it is clear, retraining will not provide an administrative officer with the right

competence to assist a disabled person in developing the above described individual path.

2.4.7 Role and functions of the national bodies

Information and knowledge statistics (administrative data, survey data) are available, referred to and used by policy-makers but the data are aggregated and it is impossible to analyse and isolate more in detail the figures related to stress and LTA.

The main sources for policy makers are ISTAT surveys. ISTAT is the **National Institute for statistical** inquiry and it is a public body. The last complete survey on Italian families refers to 1994. There one also can find data on disabled persons in aggregate form. Data coming from the survey of 1999 is not available yet. A specific survey project on disability has been launched by the Department of Social Affairs in co-operation with ISTAT according to Law May the 21st 1998, n. 162. The first results expected to be available in 2003 are not published yet. In the Project draft available on the Internet it seems that the survey seeks to analyse the discrimination “of gender in the labour market” and in particular the possible forms of prevention of accidents in application of the Law (Law 626/1994) in the SMEs (a sample of 600 enterprises). Other sources are represented by statistical tables coming from providers, such as INAIL, INPS, Ministry of the Treasury, Ministry of Labour, Ministry of Interiors but. All these survey date at 2000-2001.

For a long time these figures were not totally reliable because they were highly influenced by administrative overlapping and policies uncertainties. Starting from the 90’s one has to say that a huge effort has been made in order to get more precise data on the number of beneficiaries. Of most interest, in this perspective, are statistical surveys elaborated by INAIL and INPS that can be found, only in Italian, on the respective websites www.inail.it and www.inps.it .

The results of these surveys:

- there are no special surveys of disability, nor disability questions in general (population) surveys. The most recent report on disability has been published in 2001 by the Department of Social Affairs. It is the National Action Programme on Handicap Policies 2000 – 2003 drawn by the Italian Government.
- **No survey** in the traditional sense is available at the moment. One expects results coming from the above mentioned ISTAT survey project that has not yet published.
- In the survey international standards have been not adopted and because of this it will be very difficult to compare data and information.
- During the previous government a large debate on Pilot projects influenced policy and public opinion about disability.

From the point of view of the national research that has been related to disability, two main issues have been focused in recent years:

- √ Employment Services of Disabled (that led to Law 68/1999)
- √ Independent living for disabled (website:
www.idg.fi.cnr.it/attivita/disabilita/disabili-e.htm)

2.4.8 Policy reforms and changes, institutional development, including those relating to practice

During the last 5 years of centre-left wing Governments the whole of Italian social policy has changed deeply. A wide range of legislative provisions reshaped old social security systems, based on solidarity between workers and on a clear gender division of labour market. All these changes led to the reforms of 1999 – 2002 by which one gets a more citizen friendly approach in social policy.

Persons in need, whenever employed or not, are the real and actual focus of public policies. On the other hand Italian institutional system is moving towards a more decentralised management of tasks and functions from the highly centralised traditional structure. Competences in social policy and labour market policies are delegated to local Governments more and more, in order to meet better differences in needs and in socio-economic factors that characterise the Italian situation.

2.4.9 Expenditure pressures

The above mentioned movement towards decentralisation and decentralised management of public expenditure in social policy was originated by the idea that the closer the expenses to the claimant the more correct the way to administer it. Recent figures, above all in health care, demonstrate that the contrary do happen.

2.4.10 Labour market conditions

Changes in labour market conditions may be considered as relevant in the context of the pressure exerted by employers in order to modify the old legislative regulations concerning **Employment Services for People with Disabilities**. Within the framework of a growing demand for flexibility and deregulation, **Law n. 482/1968** was considered as an unbearable element of rigidity, because it imposed the hiring of disabled persons without any specific assessment of his/her residual working capability and, above all, without any participation of employers' representatives in the assessment process.

2.4.11 Income replacement

Occupational injurious event

1. **The employer pays wages for the first 3 days** from the day in which the accident happened.
2. The system of insurance against occupational injuries offered by INAIL is activated only **after 3 days** when temporary indemnification begins.
3. This indemnification is equal to **60% of the wages earned** in the two weeks prior to the injurious event,
4. Rising to 75% after 90 days.

This temporary indemnification is provided until the worker has fully recovered (medically) their ability to return to work.

Non-occupational injurious event

1. The welfare system operated by **INPS is also activated after 3 days following a non-occupational injurious event.**
2. In this case, **the indemnity is initially 50% of the salary earned in the 2 weeks prior to the injury and is paid for 20 days,**
3. **After which the percentage rises to 66%.** This indemnification is paid up to a **maximum of 180 days** in one calendar year and can be renewed on demand for two times only

Benefit

- Workers affected by permanent inability to work, absolute or partial
Permanent Inability Annuity (wage related)
Personal Continuous Grant
- Workers affected by temporary absolute mobility work
- Workers affected by invalidity (1/3 of working capability)
Ordinary invalidity grant
Privileged invalidity grant
- Workers affected by inability (absolute and permanent impossibility to perform any work)
Inability Pension
Personal Continuous Assistance Grant
Medical care (Daily grant – wage related)

2.4.12 Rights and obligations of employers

The recent Law 626/94 compels employers to make all the necessary adaptation and agreements with the Trade unions and the Security Manager and the Trade unions Representatives (RSU), to enable the workplace, the work organization, internal relations, to be more suitable for all.

In case of absences the employer can check for sickness absence through INPS.

For LTA, certified by INPS and INAIL (180 days, but in some cases, severe diseases, for three years), employers must maintain the workplace and can substitute the employee displacing him/her temporarily.

The employee must inform the employer, in order to permit these checks, sending, within **two days, written notification** of the commencement and presumed duration of illness to the employer and a certificate of diagnosis to the INPS, both drawn up by the doctor providing treatment.

2.4.13 Eligibility criteria

LTA can be accepted and can be declared as a consequence of a state of physical infirmity which, in specific circumstances and subject to specific conditions laid down by Law, entitles the worker to certain benefits granted by the social insurance system. In particular, workers whose capacity for work is permanently reduced because of infirmity or physical or mental defect not caused by work receive two third of the invalidity pension, paid by INPS.

2.5 Representative and Informal Provision

2.5.1 Rehabilitation provisions

Presidential decree n. 309/1990 entitles employee who are drug addicts wishing to undergo treatment and rehabilitation programmes in approved medical establishments to unpaid leave of absence accompanied by the right to have their jobs kept for them, for a maximum period of **three years**. The same entitlement is available to employees who are close relatives of the drug addict for the purpose of assisting in such a treatment or rehabilitation programme, subject to certification of its necessity by the medical establishment concerned.

2.5.2 Reintegration provisions

In general, the worker is protected by the **Statute of Workers** (Law. n° 300/1970), by the collective national worker contracts, by the Health and Safety Act (Law n° 626/1994) and by the regulations against layoff of individuals (Law n° 108/1990). Apparently, the legal protection is quite wide in that:

- There are numerous instruments that safeguard employability. Disability status cannot be ever considered a just cause for layoff of a given individual for the reasons outlined in Law n° 108/1990;

- In companies of 15 or more employees, by law, disabled persons must make up a well-defined quota of the workforce. Company management has the obligation to modify job duties and/or work environment to facilitate a return to one's working activity, according to the Disabled Persons Right to Work Act (Law n° 68/1999).
- The Regional Fund for the Employment of Disabled Workers, established by this law, is available to the company if there is a need to modify the work environment in order to allow the employment of a disabled person registered in special "targeted employment" (*collocamento mirato*) lists in the employment office.
- If alternative work is not available in the company, it is possible to register in the special **targeted employment** (*collocamento mirato*) and general registration lists in the Provincial Employment Centres (Centri Provinciali per l'Impiego, C.P.I) established by Law N° 68/1999. Employers can make a request to employ a given person from these lists. The pathway is described by **Article 10 of Law N° 68/1999** that foresees that:
 1. Workers employed under this law have the same legal and financial treatment relevant to their collective contracts.
 2. The employer cannot ask the disabled person to carry out duties that are incompatible with their physical or other restrictions.
 3. In case health worsens or there is a significant variation in the organisation of the work, the disabled person can ask for a verification that such duties are compatible with his/her functional capacity. Likewise, the employer can ask that the disabled person's health condition be verified in order to assess if he/she can carry out the duties for which they had been employed. If the condition worsens, on the basis of Article 1, comma 4, such that it is incompatible with the continuation of work duties, or that such incompatibility is with reference to the organisation of the work, the disabled person has the right to suspend his/her work activities, without retribution, until this incompatibility is corrected.

During such a period, the worker may be employed as a trainee apprentice. The evaluations are carried out by the commission outlined in Article 4 of the Law N° 104/1992, 5th February, and integrated with the Article 1, comma 4, of the current law that deals with co-ordination, and evaluates along with the body outlined by Article 6, comma 3, of the legislative decree of the 23rd December 1997, N° 469, and as modified by Article 6 of the current Law. The request for verification and the period necessary for it to take place do not constitute a just cause for the suspension of work. The worker may be laid off during the process of work modification/work environment modification or when the employment commission determines that the worker is no longer capable of carrying out his/her original duties if alternative work in the company is not available.

4. Article 4, comma 9, of Law N° 223, 23 July 1991 outlines the conditions in which an employee may be laid off. Employees may not be laid off without just cause, but may be laid off as part of personnel cuts in general. The disabled person has the right not to be laid off if the quotas set out in this law for the employment of disabled persons within the company are not reached.
 5. In the case of termination of employment, the employer must communicate this within 10 days to the relevant competent offices in order to substitute the worker with another person having the right to be obligatorily employed.
 6. The Provincial Directorate for labour, after hearing the relevant competent offices, arranges to terminate the unemployment indemnity and the cancellation from the employment lists for a period of **6 months** if a worker refuses a job placement that corresponds to his/her professional and functional capabilities without justified motivation, and all issues that are relevant and declared at the time of registering or re-registering in the employment lists.
- The Regional Commission for Employment (Commissione Regionale per l'Impiego CRI) “predisposes work insertion programs for workers with disability” in collaboration with companies and integrating guidance, training, and vocational retraining activities authorised by the Regional Authority” (article 5, comma d: “Norme sull’organizzazione del mercato del lavoro/ Norms on the organisation of the labour market” Law n°56/ 1987).

If a person can no longer carry out his/her original job duties, they can utilise guidance and vocational rehabilitation services offered by public national bodies (Istituto Superiore per la Formazione ed Orientamento Lavorativo) and ASPHI (Associazione per lo Sviluppo Professionale degli Handicappati nel campo dell’Informatica) or the association for the Professional Development of Disabled People in the area of IT.

- The work integration service (Servizio Inserimento Lavorativo - SIL) offered by the Local Health Unit (ASL - Azienda Sanitaria Locale), along with other social assistance services, takes charge of the situation and acts as a mediator with the labour market, offering an accurate evaluation of **residual functional capacities** and other services such as monitoring the initial phases of a the return to work. These co-ordination services are not available equally throughout the territory and vary from Region to Region and their geographical distribution is certainly open to improvement. In any case, local work agencies may offer similar support services.
- The SIL and other similar bodies maintain constant contact with the CPI and CRI. In the Italian territory, the operating SIL units for work integration are principally public (51.9%) followed by other local private organisations providing services for public agencies (27.4%) and organisations providing private services (20.7%).

- One re-integration measure for the injured worker is represented by the “training and guidance apprenticeship” (or “tirocinio di formazione e orientamento”) that may be carried out in the company for a maximum duration of 12 months and according to the Law N° 196/1997 and the regulations of Law N° 142/1998
- **The co-operative sector represents another possible pathway to return to work, as well as European Social Fund projects that aim at the recovery of work capacity.** The introduction into these projects is co-ordinated by the Regional Employment Commission.

2.6 The Treatment of stress related illness by legislation

As above mentioned no legislation exists because “stress” is unknown. Trade unions are now in discussion about “work organization” and “stress” but from the point of view of “mobbing”.

2.6.1 Equality Legislation

The Law 68 of 1999 has introduced the concept of an anti-discrimination clause on equal treatment of people with disabilities, whereby no one is to be assigned a different status on the basis of their health and disability. An employer may not place an employee or job seeker in a worse position than others for a health-related reason that does not prevent the person from doing his work. Employers who, in advertising jobs, selecting recruits or establishing working conditions, put a job-seeker or employee in a less favorable position due to his health conditions, may be obliged to pay a penalty and **may be sued**. Actually employers prefer to pay a contribution to the “national solidarity fund” (fondo di solidarietà) equal to the 3% of the their global net revenues rather than employ disable people.

General provisions regarding sick or injured employees are described in this Law and include the need for consent of the patient for the treatment. The patient has a right to the information on his/her health, scope of the treatment, risk factors and different alternatives, stating the reason and the length of a possible waiting period. The worker has the right to make a complaint to the institute in charge of the treatment. Also, the institute in charge of the treatment must have a work attorney to assist the patients.

2.6.2 Sickness absence systems from the perspective of the absentee

The most important provision regarding the absence process is the Workers Act, and with flexible control system can be vary from six months to 3 years. Actually, there is

no policy that encourages measures to be taken for either rehabilitation or pension application.

Chapter 3 – Non legislative provisions and initiatives on stress and LTA

3.1 Sectoral agreements

In Italy the main social security and welfare bodies at the national level, as mentioned in Chapter 2, are INPS (Istituto Nazionale della Previdenza Sociale), INPDAP (Istituto Nazionale di Previdenza per i dipendenti dell'Amministrazione Pubblica) and INAIL (Istituto Nazionale per l'Assicurazione contro gli Infortuni sul Lavoro). To them, in the last years, there have been delegated, beside the original competences, roles and tasks of management and accomplishment of social policies for the recover of uneasy situations and for managing the return to work process.

It is important, in this context, to make some references to the development of the above bodies and to the tasks to which they are in charge of because with the evolution of the competences assigned to them it is possible to grasp the trend of the social security and welfare policies adopted in Italy in the last decade.

INPS was funded in 1933 to manage the mandatory general insurances (AGO Assicurazioni Generali Obbligatorie) for disability and old age pension to the majority of employees in the private sector. INPS manages the insurance positions of the employees by means of the Employees Pension Fund (Fondo Pensioni Lavoratori Dipendenti). The Institute is interested in pensions, family allowances, unemployment and mobility benefits, redundancy funds, medical and maternity allowances, voluntary transfers, mortgages and etc.

INAIL funded in 1933 on top of the Industrial Accident National Fund (Cassa Nazionale Infortuni) funded in 1883. INAIL manages the accident insurances and professional sickness insurances, by paying the damages caused by the work activities and by developing a prevention activity to foster the law 626/94 for the health and safety in the workplaces. Further, the institute provides some physical rehabilitation centers and prothesis for injured workers. Since 2000, it manages the accident insurance in the domestic context (the so called “domestic insurance”).

The services provided by INAIL are the day allowance for temporary disability, the direct income for permanent disability, the indemnity allowance for psychophysical impairment (biological injury) and for its patrimonial consequences (cases subsequent to those of 25.7.2000), the allowance for personal continuative assistance, thermal care, check of unemployability, etc.

The third body of the public social security in Italy is INPDAP, which is the social security body that provides the pensions to the public employees (or employees coming from private bodies but that follow the rules of the exclusive fund of origin) and it is an exclusive fund of AGO. INPDAP has been funded only in the 1994 and manages the processing of pension and social security for the personnel of the bodies of the ex Pension Funds of Social Security (Casse Pensioni degli Istituti di Previdenza CPDEL, CPS, CPI, CPUG) and since 1999 also the personnel belonging to Pension Funds of State Employees (Casse Pensioni dei Dipendenti Statali) with a separated management. Those bodies such as INPDAP, but also INPDAI, ENASARCO, etc. ,

are suppliers of services for executive managers, business agents, and other categories, and it is not known until when they will be present and will continue to exercise their functions according to the law.

In the last decade, a set of legislative measures has been launched to allow the most important bodies designed by law such as INPS and INAIL, besides the functions described above, to launch initiatives and projects for the return to work of state employees who have taken a period of absence from work due to industrial injury or long term sickness or for the rehabilitation of long term absent workers in general. As far as the services and the related functions of the bodies mentioned above are concerned, there have been assigned tasks to them finalised to support the return to work, besides the functions to assure the day allowance to public and private employees who are long/medium term absent for sickness or injury.

INPS confirms the possibility to recognise the sickness treatment and the related indemnity for the worker protection and the protection of his income in every situation in which the problem is severe and also of medium/short period absence by extending the right to the sickness leave in the private sector (with law n.16 of 27th January 1984) and by recognising the day allowance for sickness due to infection diseases causing inability to work such as the cases related to drug addiction.

For example, based on the art.24 of law 38/2000, for what concerns INAIL to foster the work reintegration , INAIL recognises and finances the follows:

- Up to the 50% of the cost beard by small and medium enterprises and by the farm and craft enterprises which enrol or keep in place workers with disability for work reasons, for the abatement of architectural features that denies access to the handicapped
- Training projects for professional re-qualification in the context of agreements with the Region and Provinces.

A key role is played by collective bargaining agreement in Italy between the labour market parties and the government concerning policies on employees health and well-being: it forces the partners to develop new measures to improve well-being at work.

The social security and welfare bodies described before (INPS, INAIL, INPDAP) define the duration for which an employer should pay salary to a person on sickness absence while the sectoral agreements do not provide this function.

The Law 626/94 (Health and Security at work) has taken into account the activities of Maintenance of Work Ability (MWA), and a cross section network of many parties including many ONLUS (Organizzazione Non Lucrative di Utilità Sociale – No-profit Organisations of Social Utility) organisations in the third system devoted to social problems and many voluntary associations who play a main role at national level as lobbies. This is to pursue the development of MWA. To this end, they set up seminars, discussions and project concerning MWA activities to promote and support the work ability and functional capacity of people active in their working life throughout their working carriers through the Law 626/94. The MWA activities concern safety measures, work tools and premises, planning and quality assurance, team work and participation, communication and improving leadership skills, training courses and support for voluntary studies, and support to workers health.

Summary

Until now the sectoral agreements regarding sickness absence, working conditions and promotion of employee well-being have been partially observed. In 2003, a very strong promotion campaign was launched at national level and the Government, by the Regional operative units (Ispettorati del lavoro regionali) of The Ministry of Labour, have put in place a strategic action plan of control of workplaces. A national Conference “Safety and Health at work” promoted from the Ministry of Health in collaboration with the Ministry of Labour, was held in Rome in October 2003 to promote and stimulate the debate on the theme. Many points of view arose but the main conclusions were around “How will pay?” and the cost of “Health and safety at work?” The debate will be ongoing in the next year.

Union representatives are also involved on development projects within specific branches or organisations.

3.2 Provider agreements

As described above, INAIL and INPS provide public occupational health services and rehabilitation services for the reintegration of LTAs. Assistance is given to the employees through the municipal health care centres for occupational health services and public health service providers for rehabilitation services. Further, there are many private rehabilitation centres but the costs to be sustained by employees are partially covered by the Public (about 30%) and not all the services are admitted. There are also many private rehabilitation centres that have originated from non-profit organisations e.g. patient associations (Third system) but actually they receive financing directly by the Region or Municipalities or in convention with them.

3.3. Specific projects

With the subscription of the inter(con)federation agreement of the 11th February 2004 and with the approval of the Law 30, based on the sector expert evaluation, in Italy there have been implemented the most significant interventions to improve the conditions and the probabilities of insertion and re-insertion in the labour market of some workers categories, especially the so called weak band, and to increase the possibility of recovering those workers that for several reasons were out of the labour market. Thus, it is possible to proceed, starting from the current date, to enrol with a contract of insertion/re-insertion. The above agreement is valid for all the sectors until it will not be substituted with a suitable discipline (called re-insertion agreement) coming from the collective agreement as indicated by the legislative decree nr. 276/2003.

An example of the contract of re-insertion already signed is given by the “Integrated agreement for the re-insertion for the Farmer sector”. It integrates the National

Agreement of the employees of the Farmers Organization and Zootechnical Consortia and Bodies and addresses:

- persons of age between 18 and 29 years;
- long term unemployed persons of age between 29 and 32 years (persons that are searching for a new occupation for more than twelve months);
- workers more than 50 years old that have not been working or that are to lose the job;
- workers that want to start working or return to work and that have not been working for at least two years;
- women of any age living in geographical areas with a woman occupational level less than the 20% of the men occupational level or with a woman unemployment level more than the 10% of the male unemployment level;
- persons recognized as subject to, according to a regulation in force, a severe mental, physical and psychological handicap.

In the inter(con)federation agreement the indications have been acknowledged even if there are no obligations for the collective bargaining but only some guidelines for new agreements, such as the example above for the re-insertion of Farmers. It tries to give some answers to the need to find a continuity solution in the recruitment, especially of difficult setting workers and foresees new contractual settings. In particular, as foreseen by the Law Decree 276/2003, it introduces new typologies of contracts for insertion of workers that satisfy the objective by an individual project of adaptation of the professional competences of the worker in a specific working context. The agreement identifies also the categories of the employers that can draw up a contract of re-insertion. In the large range identified so far, which includes economic public bodies, enterprises, consortia, groups of enterprises, professional associations, socio-cultural and sport associations, foundations, public and private research bodies, organizations and category associations, the lawyer has not included the professionals.

A special attention is paid to the gender problem, especially the perspectives of the female employment, where it is possible to detect the recommendation of the Agreement with the Labour Ministry of the chance of the Government to plan specific measures to boost the employment with insertion/re-insertion contracts.

Besides the agreements and the laws, among which there is the Law 15 of 1991 to improve the re-insertion and the female employment, there exist a series of initiatives and projects in the implementation status to boost the work re-insertion.

INAIL for example foresees for a person who reported a disability due to an accident on the working place or a professional sickness, the possibility to have this person taken into account by a multidisciplinary team, which consists of a doctor, an administrative responsible and the social assistant, and make use of help of personnel and internal and external specialists for the social re-insertion, with particular attention to the labour world. To promote the work re-insertion INAIL, as stated by the Law Decree 38/2000, finances the following:

- up to the 50% of the expenses of the SME, and agriculture and handcraft enterprises which enroll or keep in service persons with a disability due to work, and for the demolition of architectural features on the working place;
- training projects of professional re-qualification in the context of agreements

with Regions and Provinces.

Here thereafter are listed some projects for the re-insertion to work, implemented by the INAIL branches in Piemonte region:

- projects for assistance, professional training and tutoring to promote working stable and lasting re-insertion;
- work insertion projects from employers not bound by recruitments by the Law 68/99;
- work insertion projects as part of developments plans of enterprise already taken into account in the territorial pacts, urban re-qualification plans, quarter contracts, and other local development programmes managed by the Provinces, that have as their results the creation of the new employment especially for LTAs;
- work insertion projects related to intellectual handicapped or psychiatric persons;
- work insertion projects from which it emerges the progressive stabilization of the employer-employee relationship.

Some specific projects for the reduction of the professional illness and work accidents have been undertaken in the following company in Italy:

- *the glassworks Bormioli Rocco Casa (about 300 employees)*
- *the meat processing company Inalca (about 600 employees)*
- *the tiles factory Ragno SpA (700 employees)*

The main aim is the training of the employees to use personal protection devices, based not on the user needs but on the accident and absence analysis. Only in the meat factory company, the employees participated to the risk analysis: in general, there is a little participation of the employees to the projects above. Top management has been involved in the projects, even if the contact with the trade unions has been frequent and based on a large participation. The industrial relationships are dynamic and were important to manage the several detected problems related to the health and security at the workplace.

Concerning the particular situation of discomfort of women, it is important to mention as example the special project funded by Lombardia region, which refers to a particular category of women affected by a long term absence sickness. In fact, from a recent retrospective study performed by the ASL City of Milan on the public employees who have asked for inability to work, it was detected that the incidence of psychiatric sickness in the teachers is statistically higher than the one of the other categories of state employees, such as sanitary personnel, operators and employees.

Since the first middle of the 80s, such an issue has been the subject of study, with comparative evaluations of the different professional categories, starting from an analysis of the sanitary assessments on the work disability. The psychiatric pathologies equal to the 49,2% of the work disability assessments related to the category of the teachers (Getsemani study on the burnout of the teachers, published on nr.2/2002 of the Journal Social Defense of the Italian Institute of Social Medicine), have brought to define the phenomenon "burnout syndrome of the teachers". A further example is

given by CIRM (Consorzio Italiano per la Ricerca Medica), the Italian Consortium for the Medical Research, which used the funds of ESF to promote a training project “Strategies and techniques to prevent the Burnout Syndrome in the Teachers” to provide means to contrast and prevent this phenomenon.

It is important to mention here that a major contribution to the prevention of the long term sickness in general for causes related to the working environment has been given by the Law Decree 626/94, which define norms in the subject of Health and Security at work. Finally, we can conclude by saying that, for what concern the aspects related to best practices finalized to promote the socio-organizational and working conditions, a great contribution has been given by the European Social Funds budget for the 2000-2006, which is equal to 60 Meuro.

In Italy there are two main sources to apply for funds of projects looking at the well being of employees. They are mainly one at a European level such as the European Social Fund (ESF PIC Equal Italia) to develop new model and spread good practices, and one at the national level, that is the government program of Law 626/84, which includes a national development program for working life and the well being at work programme. The funding for Law 626/94 comes from the State budget. The total budget of ESF for 2000-2006 for Italy is around 60 million euros including public and private finances.

Intervention strategies in different project areas related to regional, national and community programmes and actions concern the promotion of the opportunity to steady re-insert disadvantaged persons and categories.

It is in the context of proposals and actions in order to create occupational possibilities, that find their place the interventions aiming at sustaining and recovering the workers who left the job for health reasons or injuries in the working environment.

A significant example in this case is the type of interventions under the NOW programme, aiming at supporting the disadvantaged categories in the work world by interventions of occupational insertion and/or re-insertion. For this reason, in Italian company and organisational culture the issue of the re-insertion of the LTAs has often been associated to marginal categories and sectors with difficulties in the working environment, such as women, minority groups, and handicapped persons.

The data dealing with the entire trend of this process and the topical presentation of the interventions are reported in several publications of national bodies. In particular, we can mention institutions such as ISFOL, FIVOL (Italian Foundation for the Voluntary Service), EURISPES which report the results of interventions and actions for the re-insertion of the LTAs in the context of occupational promotion actions and the responsible participation to the production chain.

The range of action and the main target of this programme line addresses basically, the working contexts of services, the area of training to development activities, agriculture sectors, distribution, etc. It is the case of interventions which operate for the promotion of insertion and re-insertion of persons outside the work world and that involve contexts with high availability to accept the persons who return to work.

The involvement of company contexts with a more business oriented characterisation, results instead less diffuse and mainly the interventions are associated to the issues of prevention and security at the workplace.

The paradigmatic exemplifications that can be cited in this context concern some particularly advanced and meaningful companies and organisational contexts of the distinctive sectors in Italy.

To give some examples, we report hereinafter some cases of intervention finalised to the management of the absenteeism related issues for health reasons and the strategies of re-insertion of the professional resources involved, as follows:

- *Glass making company.* The intervention involves the entire population of 300 employees, and it is mainly finalised to the reduction of the injuries in the workplace and the prevention of professional illness. It is a promotion and development action on the professional awareness in the usage of security devices on the workplace, with a specific area of intervention for the management of the re-insertion of employees after a long term absence from work.
- *Foodstuffs processing company.* The intervention involves only a part of the 600 employees, those more exposed to accidents risks for the dangerousness of the processing tasks. The approach is based on the direct involvement of the workers in the risks factors analysis phase and the identification of the personal and social motivations that are at the basis of the absenteeism. The intervention includes training and awareness actions in the use of the devices and a specific involvement of the management and trade unions representatives on the management modalities of the absence and rehabilitation processes in the specific company context;
- *Sanitary Fixtures Production Company.* The intervention concerns the entire population of 700 employees involved in a variety of actions finalised to promote the awareness towards the security problems at the workplace and the management of the social security and sanitary issues related to the professional illness. It is a project, mainly, aiming at promoting the management of procedural questions related to injuries, medical checks, workers duties during the illness period, and the promotional modalities of re-insertion, depending on the different critical injury scales, and the suffered professional illness. The issues of rehabilitation and re-insertion after the absence period from work are evaluated with particular reference to the contract and social security issues.
- *Informatics Service Company.* The project consists of a development activity of the insertion processes of disadvantaged categories and/or persons expelled from the work world for injuries and/or professional illness. Only the company divisions (about 450 employees) of design and development of client solutions have been involved. The project foreseen the insertion and/or re-insertion of a group of persons that are handicapped or with previous professional pathology, through a professional re-

qualification for the new occupational context. The adopted intervention strategy defines in a common and unitary way the different categories (handicapped, LTA, etc.) and determines some critical points of the project and the insertion path management.

In all the cases mentioned above, which do not want to be exhaustive and paradigmatic of a national situation very complex in his organisational and company aspects, are shown some interesting issues which are typical of the *modus operandi* spread in the Italian context. In summary, the main points to underline are as follows:

- Weak involvement and poor participation of the employees in all the different phases of the above initiatives;
- Active role of the trade unions especially in developing and promote a security culture at the workplace;
- Central role on the contract and social security components in the illness management, absence, sanitary and welfare support;

Poor and/or marginal attention paid to the issues and peculiarities of the re-insertion and rehabilitation process of the employees; the general attitude is to use instruments such as re-collocation, work load reduction, etc., rather than to operate changes of structural and management type.

- Substantial equalisation in the approach and intervention strategies of the LTAs and other categories of marginal persons or persons in a difficult relationship with the work world (handicapped, women, immigrants, low professional profiles, etc.).

3.4 Projects related to the well-being of employees

The projects financed by the ESF are yet ongoing but many of them are devoted to equal opportunity for disable people and women. Some projects financed on the pillar “Occupability” are related to well being at work and are managed by Trade Unions, other are financed on the pillar “Adaptability” and are managed directly by Enterprises. None of them are related to “stress and long term absence from work”.

Projects financed by the Law 236/94 have been in the last 5 years are 689 and have been managed by Enterprises. Many of them have been related to “new ways to work” or “new competence in the information society” but none of them are related to LTA and Stress at work.

It is very easy to assert that, also being felt the problem, it is very difficult, on the part of applicants that of the beneficiaries, to admit that stress and the consequent self exclusion from the job is a serious social and economic problem.

Summary

We have identified many development projects aiming at improving employees well-being at work. They are different in scale and management and tackle different issues.

In order to address these issues and to discuss them with the public opinion, to entrepreneurs, to workers, the Ministry of the Health and the Ministry of the Work have activated a “green number”, a “call centre”, in order to signal problems and violation to the workers’ rights, and to ask information and to receive hints.

3.5 Social Partner agreements

Organisations that assist workers, set up and run by national trade union associations, are the “**Patronati**” (non directly the trade Unions) which were recognised by legislative Decree n. 804 of July 29, 1947 and are now regulated by law n. 112 of March 27, 1980.

The work of the Benefit Advice Centres (which under the corporate system were grouped together into a single public national body) consist essentially in helping workers to obtain their social security and welfare right, by means of medical, legal and administrative assistance and information and advisory services, on matter of social legislation.

- Article 12 of the Workers’ Statute recognizes their right to operate within companies in order to fulfil their functions.

The contract rounds of 70’s and 80’s have let register significant achievements on the social ground. There have been strengthened several social security and welfare guarantees towards the employees subject to accidents or sickness with special attention paid to those affected by maternity or with the necessity to assist their children in prenatal care. In the last decade, the achievements have been extended to several sectors, by improving the guarantees for long tem sickness, for problems related to drug addiction or for disability cases in the family.

In general, the social parties bargaining in Italy, starting from the private sector, anticipated the legislative acts, which only later on allowed major resources and the institutionalisation of the social services.

The government intervention and the legislation has followed the collective bargaining: as a prove, it is sufficient to observe how in the public employment, the contract conquests have had a long and uneven way. In fact, unlike the private sector where it has been easier to start with the entrepreneurs a comparison on the male and female workers protection, for example concerning the drug addiction, in the public sector some difficulties have been met both because the claim for sickness leave was read as an attempt to hide the problem, and because the crushing of the responsibility which defers from one bureaucratic level to another the adoption of newer and more efficient solutions. This happened in the state sector itself, where they had major problems in accepting this kind of protection: only in the 1988 the agreement with the public employment foresees also for the state employees the possibility of interventions to favour the rehabilitation and the recover of the drug addicts.

Chapter 4 – The current policy debate

4.1 Perspectives of the Trade Unions

The Trade Unions underlined in several surveys their viewpoints and perspectives on work related stress. They point out the importance to understand the consequences of stress, besides detecting the stress phenomenon among the employees. Italian Trade Unions are collaborating to reach an agreement at European level among the labour parties on issues of work related stress. To this end it participated to the European Trade Union Council dialogue on work related stress 2003-2005.

Concerning the Trade Union viewpoints, with respect to causes related to the working activity and the necessary measures of control, there are 10 listed organizational categories of job characteristics, environment and factors that can turn out to be dangerous:

1. Insufficient communication.
2. Lack of definition of clear business objectives.
3. Ambiguity and conflicts of role.
4. Uncertainty of professional career.
5. Low salary.
6. Low social value of the concept of job.
7. Insufficient participation to decision process of the work.
8. Social or physical isolation.
9. Lack of relationships with the management board.
10. Interpersonal conflicts and conflict between homework and job requirements.

Regard to the content of the job, other potentially stressful factors are as follow:

- reliability, availability, suitability and maintenance or repair of equipment and systems;
- lack of variety or short cycles of job;
- "spotted" job or job of low importance;
- incomplete "exploiting" of personal abilities;
- excessive or insufficient workload;
- lack of control on timing of the work;
- work shift;
- lack of time schedule of work (overwork).

It proposes the use of cycle of control and management of risks. It consists of a systematic process through which risks are identified, analysed and managed: therefore workers are protected.

The trade unions should aim to undertake the following:

- to take part to the promotion activity for health in the working environment and to the information dissemination among the workers;
- to train their members at a active participation to the activities in the working environment and to the organisational committees of the specific projects for stress and absence;
- to stipulate agreements related to the investments for the accident prevention in the collective bargaining with the employers.

The Italian socio-economic context foster for a dialogue between the trade unions, the government and the employers at a national level. The aim is to develop a common action programme to foster the enterprises and the workers to start prevention activities in the working environment, to enlarge the active participation of older workers and to re-integrate the LTAs.

Such an integrated strategy to the absenteeism, working environment, health and accident prevention, involves the interests of all the players above in the definition and implementation of the strategy. The main objective of such a strategy is to enlarge the prevention activity to the employee and the working environment.

4.2 Perspectives of the providers

The providers of Occupational Health care services (INPS, INAIL, INPDAP as described in Chapter 3) have pointed out the issues of identifying stress in the workplaces and the type of educational means to address the stress related problems and rehabilitation in the working community.

The Ministry of Health involved the Human Resource Managers and personnel of the enterprises to boost new project and collaboration of employee well-being. The actual reform will design new screening and new test for diagnosis of stress related problems. The Ministry will develop in future more efficient mixed staff, medical and work experts, and professionals, to establish new procedures.

To address the education need underlined above, some Italian Universities have put into their development plan the possibility to introduce lower level university diplomas on rehabilitation.

The providers should try for the following:

- to encourage the enterprises to start prevention activities in the working environment and to abandon the selection of the workers on the basis of the age and/or health state;
- to organise demonstration projects in particular industrial sectors and disseminate the experiences developed in the framework of such a projects through manuals and video;
- to favour the cooperation in the field of prevention between large companies and SMEs, at regional and sector levels, and the exchange of practical

experiences.

4.3 Perspectives of Government

The Law 626/84 is the main reference of the Ministry of Health and Ministry of Labour (which represent the main two Government bodies in charge of long term absent for stress related causes) to address the issue of improving working conditions and as a side effect, the workers health and safety in the workplaces. It aims to put into force the means to reduce occupational accidents and work related sickness and diseases.

The Law 626/84 also supports initiatives to analyse workplaces capabilities and skills to increase employees job satisfaction and productivity of work

The current perspectives and strategic actions of the Italian Government are spread in several directions (such as equality, well-being at work, family and work, aging workforces special needs, keep the level of education and know-how, etc.) all dealing with the same issue of well-being at work.

The Italian Government aims to maintain the absenteeism at a low level and to limit the sanitary and social security costs, as the absenteeism has negative effects on the national economy due to the lack of potential productivity for the less workforce available and the increased sanitary and social security costs. Thus, The Government can hardly sustain the high costs of the stress and absence or the anticipated pension solution. The perspective of the government is to act for stimulating the workers to stay at work in good health conditions until the pension stage is reached and thus to continue to contribute to the gross national product.

The Italian Government shows a growing interest to the absenteeism issue. The bursting factors were the increased unemployment, the national and international competition, the need to reduce the labour cost, and the social security costs. The requirements to have access to the indemnity of work became more rigorous and the amount of the indemnity itself has been reduced. The employers are often involved to finance inside the enterprise the absenteeism costs, while the trade unions indicate the working environment as the main cause of stress and long term absence.

The Government, the providers and the trade unions should implement all together national action plans to face the absenteeism issue, with the aim to encourage enterprises and employees to start prevention activities in the working environment, and to facilitate the re-integration of LTAs.

The Government is approaching the stress and absence by undertaking the following:

- to start a dialogue with the employers and trade unions to launch a national action programme to foster and sustain the activities in the working environment which address the absenteeism, the extension of the active participation of the older workers and the re-integration of LTAs;
- to sustain this programme by information, dissemination of best practices, development of training programmes, research, result evaluation and finally,

- creation of a legislative instrument against the discrimination on the age and health basis;
- to stimulate the collection of Italian statistical data on stress and absence to be compared with the other European countries.

Summary

The Italian Government will play a key role in the ongoing reform by renewing the current legislation on Long Term Absence. It will also be a more operational body by starting new initiatives to address the issue of stress and how to improve well-being at work.

4.4. Perspectives of the Employers

The Law 626/94 provides a guide for employers and employees on well-being at work. Besides the physician statement, the guide points out several factors which contribute to the sickness absence, such as societal factor, working factors, working environment features, personal factors and evaluation of work ability.

CONFINDUSTRIA, The Italian Industry Confederation, released this new guide and advised the employers to take some actions if there is a long term absence period. The entrepreneurs are obliged to apply all the norms listed in Law 626/94 in order to assure the physical and mental well-being of the workers and to avoid the emergency in the workplaces, direct and indirect cause of the absences.

The guide does not mention stress explicitly. However, it underlines that the climate at work has an influence on absences. The guide also proposed a model for controlling absences, which includes an analysis of the present situation, going through problem areas, setting goals and taking actions. The model, however, is designed mainly for general company policies and does not provide means or suggestions for handling actual situations of absence.

The employers suffer the unforeseeable nature of the absenteeism, which constraints them to modify their working programmes and to adopt provisions to substitute the LTAs. Furthermore, the absences increase the costs of the enterprise (health indemnity, productivity loss, quality reduction, etc.) and then act negatively on the position of the enterprise with respect to the competition.

The employers and the workers should have a knowledge base to start prevention and re-integration activities in the working environment. These activities should include the following:

- to use a systematic and exhaustive planning;
- to be based on the necessity of the work force;
- to aim to the active participation of the worker;
- to be applied to all the workers categories within the enterprise.

The SMEs are more vulnerable than the large enterprises with respect to the problem of absenteeism, due to a lack of resources and competences. They should be assisted by disseminating the best practice models, creation of the infra-structural measures at a local and regional level, addressing the industrial sectors and financial incentives. A strong collaboration between the employers and the social parts is needed to formulate these solutions.

The employers try to reduce the absenteeism by fostering the procedures and controls on the absent worker: preventive activities are not very common in the Italian enterprises, that prefer to apply normative and disciplinary measures.

Further the inadequacy of enterprise system in Italy is testified by the attitude that the activities to reduce absenteeism are not to be integrated in the normal activities of the enterprise. The Occupational Physician and the Human Resource Manager often do not work together to integrate the absenteeism in the enterprise management and to integrate the activities for well-being in the enterprise praxis and philosophy.

The general management should address the issues of stress and absence in the first place, which in turn can be assisted by the human resource manager and the occupational physician. Further, the middle management do not have the necessary competence to address the level of absenteeism in their division.

The current effort of Italian employers is towards the integration of the measures concerning the absenteeism in the quality system of the company to incorporate it in the organisational policies and praxis.

The employers are paying attention to the following issues:

- to use the evaluation results on the workers health to start prevention activities, to concentrate on the health of the workers and to develop a personnel policy age band;
- to require by the providers a prove of the best practice on health and accident prevention.

Chapter 5 – Conclusions

5.1 Adequacy of current provisions for stress and LTA

Actually, there are no relevant provisions from the Stress Impact perspective, which address long term absentees, mental health and reintegration. The actual system tends to seal in the “mental health system” the phenomenon of reintegration, which is then seen as an experimental service not altogether eked out in the “welfare system”.

The new legislation is taking into account several factors including psychological and social factors for the well-being at work and points out the need of preventive measures and co-operation for the employee rehabilitation. However, it will trust that principles of the new legislation will change the health service policies that it is quite easy to rely on the solid infrastructure outside the working environment.

The current legislation supports the idea of maintaining good working capacity throughout the working life, but do not support the absentees return to work in the best possible way.

At the moment, different functions related to absenteeism are the responsibility of different sectors and organisations and nobody controls the situation as a whole. However, future legislation will oblige the municipalities to have a rehabilitation work-group where rehabilitation matters will be organised. This is, however, still quite distant to the actual rehabilitation client and more concrete co-operation and contact persons are needed.

Current provisions for stress and LTAs are not adequately implemented because there is a strong disparity between the human and economic extent of the phenomenon and the priority given to it in practice by the main players (government, employers, trade unions, social security bodies, etc.): there has been a large amount of money spent to pay the absenteeism, but the main players have been inactive for a long time. Currently, the employers and trade unions have not adequately addresses the problem until some years ago. Similarly, inside the government the attention to the stress and absence problem is growing, but this is very recent phenomenon.

The situation has changed recently when the government have paid attention to public expenses and to reduction of the national debt of the public sector.

Other significant factors for this change are the growth in number of unemployment and the globalisation of the production processes, the creation of the European single market, and finally the increase of the international competition. To this end, the effort of the government is directed to reduce the work cost to remain competitive and maintain the employment levels. The attitude of the Italian Government is to move the financial burden of the absenteeism on the employers and employees. This policy has a twofold aim: to alleviate the balance of the public sector and to stimulate the

employers and employees to reduce the absenteeism.

Most of the current provisions are limited to direct measures on the stress related person in the field of accidents at work and professional illness, such as training and information, use of protective material and stress management and are not connected to the causes related to the working environment, which are the origin of illness and injuries. One of the current spread provisions by the employers is to reduce the absenteeism by strengthening the procedures and controls on the LTAs via normative and disciplinary measures. Further, also the integrative measures, directed to the re-insertion of the LTAs are not actually in use by the employers.

It has been experimented that current provisions on stress and LTAs can be adequately implemented only when the activities will address the actual health and organisational problems in the enterprise and if they are in harmony with the organisational culture.

The absenteeism and its casual factors should have a higher priority in the agenda of the main players, and should be given attention, besides financial and economic aspects, to sanitary and health care aspects of the workers. At the same time, the main players should become acknowledged of the potential and practicality of the reduction of the absenteeism.

In general, it is difficult to evaluate the adequacy of current provisions on stress and LTAs for the lack of statistical data. Although the financial burden of the absenteeism problem, there are few statistical data at the Italian level on the absenteeism levels and on the factors influencing them. Moreover, the Italian data on the absenteeism are available only in a limited way. Very often, these statistics concern only a part of the active population; for example most of them take into account only the employees of large enterprises. It is difficult to obtain data on the absenteeism on the SMEs employees. Finally, the data at Italian levels do not look in a neither comparable or complete form. This will not allow to analyse the national tendency on absenteeism and to evaluate the impact of legislative changes or to measure the effects of national action programmes.

5.2 Level of awareness and debate on the issue

The level of awareness is high among all the stakeholders, namely the Government, Trade Unions and Employers, Social Security Bodies, and No-profit Organisations, and concrete actions have been undertaken by them in forms of programs, projects, guides, laws, etc. which also prove the different viewpoints of the different parties on the debate. Nevertheless, there have been collective bargaining agreements among the parties that testify advances in social and psychological issues concerning the work.

With respect to a very critical situation in all, on the factual aspect and on the stress generated interventions concerning the entire process of prevention, treatment and rehabilitation of the LTAs, we aim to identify in this Section, possible recommendations to promote a suitable culture to face the phenomenon in all its facets that resulted from the current debate on the issue, as follows:

- The LTAs phenomena associated to a psychological-social aetiology, have to play a *central role in the political agenda of the Commission, national and local policies*, such that they have to raise high the level of awareness of the enterprises and production organisations to develop the required management competencies;
- The phenomenon of absence, in its several forms and manifestations, needs to be the subject of an *accurate ascertainment at different levels* with the objective to realise a detection and monitoring system based on normalised data, which are standardised on its evolution and peculiarities;
- The *social parts and stakeholders* have to assign a high priority to intervention programmes, which have to be integrated and coherent for the promotion of the culture of the prevention, re-insertion at the different levels inside the productive organisations and the support and management services of the phenomenon;
- The *companies and organisations of the social representations* have to stimulate and promote qualification programmes of the management competence of the enterprise to better address and manage the effective re-insertion process of the professional resources at the end of the long term absence period for stress causes;
- The *institutions, the trade unions and the involved bodies (social security bodies, etc.)* have to assist and foster the development of a strong ability to manage the issues related to health, absenteeism and re-insertion in the context of SMEs, which represent the “*organisational place*” with the highest rate of injuries and criticalities in the occupational re-insertion;
- The *research centres and institutions* have to develop a more focussed interest on the issues of the reasons and social, psychological and context causes in the determination and genesis of the absenteeism phenomenon and of the issues related to the management of the processes and strategies of rehabilitation and re-insertion;
- The *Human Resource Management system in the enterprises and institutions* have to assume a wider and more integrated viewpoint in the management not only of the professional competencies but also the safeguard of the health and well-being of the work force. The *attention to the issue of well-being* in the organisations have to assume, in other terms, a strategic role in the philosophy and in the management processes of human resources.

The subject addressed in this Section, with reference to the Italian context, shows an alternation of shadows and lights, basically, on the part concerning the operational realisation of prevention, management and re-insertion of the LTAs. This is a situation, for some ways, very common to other European countries, but that in the Italian context, points out to a strong dissonance between the normative and legislative plan and the everyday praxis in the actual workplaces.

It is important that the initiatives in the working environment directed to reduce the

absenteeism overcome the limits of a fragmentary answer to the problems which develop from time to time, such that they face the problems before they become worse, with systematic approach directed to improve the health of the work force. Such approach should involve the following phases:

- Project definition;
- Health problems investigation;
- Drawing solutions before implementing the interventions;
- Impact evaluation

Several factors are important for the success of a project on the working environment about the stress and absence, first of all the making up of a well-motivated group project with precise instruction on how to implement and manage the project phases.

The participation of middle and top management is a success factor to the initiatives in the working environment, not only at the beginning of the project but also in the successive stages. This enforces the project identity inside the organisation, facilitates the decisional process and the implementation of provisions and co-ordinations of the middle management and the workers.

An explicit objective in future legislation shall be the active participation of the workers since the conceiving of the prevention project, as it is a necessary condition for the efficacy of the programme because the workers are the major experts of their work and their working environment. To exploit their creativity and capability to solve the problems represents in efficient and effective method. Further, the health improvement and the stress management cannot be imposed to the employees straight from the top: the advantages under the health profile, as objective of the prevention legislation, can be obtained only through the participation of the employees.

The good communications are an essential requirement to integrate the measures of improvement of the health in the enterprise policy and praxis. There are two groups that have to be informed on the development of the initiatives against stress and absenteeism. First of all, there are the participants themselves, who have to be informed on the legislation and the programme under development. Second, it is necessary to communicate the advancement state of the initiative to the employers and the middle and top management inside the enterprise. The active participation of the Human Resource Manager, and the Occupational Health Physician can help the intermediate management to reduce the absenteeism, but should not relieve them from the responsibility to manage the absenteeism.

The participation of external experts can increase the credibility of the projects and improve the objectivity. During the project, the external experts should try, however, to capitalise the existent knowledge and to help the organisation itself to identify and solve the problems. Very often, this makes easier the start of a project and foster a strong collaboration among the several actors operating inside an organisation.

A participation of the internal commissions and the members of the committees for health and accident prevention to contribute to good results has been proposed, while the participation of the trade unions seems to give a less important contribution to the positive effects. This because the trade union representatives are more involved as

formal representatives whereas the members of the internal commissions and the members of the committees for health and accident prevention are very well acquainted with the substantial questions.

The success of the process of absenteeism reduction in future legislation has to be linked to a packet of well equilibrated measures. An equilibrated formulation requires procedural measures to raise the obstacles to the absenteeism and make less simple to declare to be sick, but also measures centred both on the person and the working environment, through which it is possible to prevent health and stress problems. Finally, the re-integration measures are important to reduce the obstacles to the re-integration and facilitate the return to work of the LTA.

Finally, it is crucial to consider the stress and absence a normal enterprise phenomenon of every working environment. These components can have a large impact on the productivity and the competitive position of the enterprise. It is important that the enterprises realise this concept and introduce measures to reduce the absenteeism and stress in their organisational policy and praxis.

5.3 Future directions in policy and legislation

In 2002, the Ministry of Health started a reorganization of the “Health system” to optimise the public expenditure in the sector and to start new way of collaboration with the Ministry of Labour. The two bodies have different responsibilities but there is no general agreement on the division of the responsibilities between them and the operators. This is necessary to coordination in sickness and rehabilitation situations, as well as in secure adequate resources for the operators.

One can presume that a new collaboration between the two bodies will achieve best results on the problem. Many changes will be considered to the “sickness benefit system” that would promote reintegration to work. The challenge at the moment is how to translate to practice the principles and aims behind the new legislation.

In Italy, the adequacy and congruence level of the normative asset and the legislative proposals related to the LTAs and stress issues in general, is definitely very high and consistent with other advanced organisational and social contexts.

A separate chapter and a larger emphasis should be given to the issue of long term absence for mental patients and their return to work on the basis that at least once in his life one person, every four persons on average, suffers of problems related to mental discomfort and this points out how the problem is critical and close to us. However, also on this issue the agreements among the parties and the normative interventions have make up the lost time by promoting mechanisms of protection and projects for the assistance and the reintegration.

In general, the synchronisation of the laws with the different collective contracts is a need that has always been in place even if in the past the lag was more evident. An example of this delay concerns the fact that on the trade union side, CGIL, CISL and

UIL (the major trade unions in Italy) since November 1984 made some proposals based on the enterprises experiences.

A first proposal consists in recognising the role of internal referents for those workers that as voluntaries are available to assist another worker in need of help, such as drug addict o his relative, by providing information on the public or private institutions on the territory, on the way to access to these services and on the ways to favour the return to work after a long term absence.

The second proposal implies the working place maintenance with unpaid leave. Only subsequently, there have been legislative interventions on this issue, which have extended to other sectors the conquests related in some contracts. For example, the art.124 of the D.P.R. n.309/1990, the Decree of the President of the Republic of the 9 October 1990, n.309 which contains the “Unique Text of the laws concerning drugs and psychotropic substances, prevention, care and rehabilitation from related states of drug addiction”, in which have been collected and coordinated all the previous directions, contemplates some norms related to the protection of the drug addict in the labour world.

To summarise, the level of intervention of operational state and action plans is influenced by the impact of some factors of different sources, as follows:

- *The structural level of the organisational and entrepreneur asset of Italian enterprises*; the issues related to the issues of security, absence and re-insertion are only addressed at the level of normative commissions for a Small and Medium Enterprises (SMEs) system;
- *The cultural level and social awareness level* towards the issues of prevention and security culture is almost low and marginal in the company context;
- *The dynamic of the rehabilitation and re-insertion of professionalisms* is in most of the cases, addresses as “*pro-social-supportive orientation*” rather than as objective of valorisation of the professional potentialities, in general;
- *The attention paid to the issues of stress and the factors of psychological incidence on the professionalism and performances* is still affected by stereotypical distortions based on psychopathological features;
- *The level of differentiation and development of the interventions* is, all together, low insofar as the actions of prevention and support to the rehabilitation and recover, go in the same methodological and instrumental direction, used for interventions on the marginal persons, disability, and socio-cultural discomfort.

Although the introduction of the EEC directives on health and prevention of accidents, most of the prevention activities in the working environment, in Italy, are implemented only on very modest scale: they aim to improve the working environment more on the aspect of accidents and health promotion than on the health and well-being of the workers. Further, the preventive measures are often limited to the activities directed to the person and not to the casual factors of absenteeism connected to the working

environment.

There is a need of more detailed and reliable data on stress and absence and it would be important to compare them in the fifteen countries of EU. The available data reveal large differences in terms of the absenteeism levels and stress. It is interesting to compare the influence on them of the social security systems in EU, specific for each country, and its relationship with the age, sex, level of instruction of the population, and the industrial sectors and the dimension of the enterprise.

Future directions for policy and legislation can build upon normalised data which should be made available both at the national and European level. In fact, a careful comparison on stress and absence among the European countries can be made to analyse the national tendency on absenteeism, and to evaluate the impact of legislative changes and the effects on the national programmes.

Future directions for government, employers, providers and trade unions have been reported in the last sections concerning each category.

Further directions can be given to employees who should force their employers to pay better attention to the health in the working environment.

The health insurances have a financial interest in the government programmes to reduce the absenteeism and in the health promotion in the working environment. They should do the following:

- To financially sustain the government programme and to reward the employers who have started activities concerning the health in the working environment;
- To intervene in the information exchange for and among the SMEs;
- To finance the research on the costs and advantages of the interventions directed to reduce the stress and absence;
- To sustain the development of unified registration system for the absenteeism.

Future directions also concern the academic community which should intervene in the development of new models and methodologies, especially for the SMEs, in the evaluation of the existent prevention programmes, in the development of monitoring systems and in the related research such as costs and advantages of specific interventions in the working environment.

Finally, further directions concern the training activity: it is necessary to elaborate training modules regarding the working environment activities, aiming at reducing stress and absence, to be used by the operators and health consultants operating in the working environment. The initiatives on the working environment, aiming at reducing the absenteeism, can be started and implemented by a large scale of persons inside or outside the enterprise. In the working environment, the principal actor can be a Human Resource Manager, a middle management representative, or a specialist in health and accident prevention, a sanitary operator or a specialist in occupational health and a personnel or trade union representative. In SMEs this task should be taken by the employers or the employees themselves. External consultants can be agencies operating in the health sector or in the accident prevention, the occupational

health agencies, the local sanitary authorities and the management consultants. However, to manage with success a project on stress and absence, which draw not only on the level of absenteeism in the enterprise but also on the worker's health, the most of the groups above need a complement of training and instruction.

Finally, the Italian initiatives should be sustained at a European level by the EU, and should concern the following aspects:

- Promotion and exchange of experiences among the European countries;
- Information dissemination on the best practice models;
- Financing of the methodologies development, especially for SMEs, and the supra-national research activities;
- Promotion of the presentation of statistical data on the stress and absence, which have to be comparable data.

ANNEX

Description of the System relevant to at risk workers

	Labour	Welfare	Health	Equality	Liability	Disability
LEGISLATION	<p>Workers' Statute, Accident insurance law, 1996.</p> <p>Health and Safety legislation, Law 626, 1994.</p> <p>Dismissal Protection, Workers' Statute article 18 May the 10th 1990.</p> <p>Severe Invalidity, May the 10th 1990.</p> <p>Employment Agreement, July the 23rd, 1993.</p> <p>National Multi-Industry Agreement signed by the social partners in September 1996 and translated into Law No. 197 of 1997.</p>	<p>National Health System, Social Assistance Law 833 December the 27th 1978, Unemployment policies and insurance, Wages Guarantee Fund, 1993,</p>	<p>Workers' Statute, Social Security insurance for health/sickness, 1988, Health and Safety at work legislation, Law 626, 1994,</p>	<p>Basic Law (art 32 of the Constitution of the Republic of Italy), maternity leave (compulsory and optional)</p>	<p>Civil code, Workers' Statute Art. 5, Accident insurance law, 1996.</p>	<p>Social Security contribution, 1986. Nursing Insurance, European Social Fund (ESF),</p>

	Labour	Welfare	Health	Equality	Liability	Disability
POLICY	<p>Law 482 of the 2nd April 1968 (enterprises and public administration employing more than 35 people are obliged to employ the 15% of the total workforce, of protected categories) Compulsory employment quotas. Law 68, 1999 Active employment policy, 1999,</p>	<p>Public financing to charitable associations by the government at national and regional level, 1998 Public co-financing to Co-operative Law 49 of the 27th February, 1985, Law 44 of the 28th February, 1986 And the Law No. 236/1993 provides financial benefits for enterprises formed by young people which operate in the sector of the national cultural heritage, tourism and maintenance of public and private amenities, in the regions of Southern Italy and in the sector of social domiciliary services and personal care for</p>	<p>National health system, Local Health Administration Units, Law 833 of the 27th December, 1978 Assistance of self-help groups, Program for integration of work and health, by accident and health insurance Local units</p>	<p>Self employment initiatives (prestito d'onore). Part-time. Tele-work.</p>	<p>Employment Agency, Local Health Administration Units</p>	<p>Campaign: vocational integration of persons with handicap (promotion of the Law 68 of 1999), Association of council of handicapped persons, representative of handicapped persons, Social marketing actions for the integration and participation of persons with disabilities, and to fight against unemployment of severely disabled persons.</p>

		the disabled (see also socially useful work) Social co-operatives (third sector enterprises), 1998				
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	Labour	Welfare	Health	Equality	Liability	Disability
Finance private	Private accident insurance paid by employee Supplementary (compulsory insurance paid by employer and part by employee) accident insurance paid by employee <i>Supplementary accident insurance found promoted and supported by Trade Unions</i>	Membership fees of charitable associations, <i>Trade unions, self-help groups, contributions, private engagement, honorary posts.</i>	Private health insurance Scheme for some productive sectors, (paid 1/3 by employer and the other 2/3 by employee), additional health insurance, compulsory health insurance scheme (paid half by employer and the other half by employee) self help groups,	Membership fees for trade unions, social initiatives, <i>personal contributions,</i>	Liability insurance,	Membership fees, <i>equalization levy,</i>

	Labour	Welfare	Health	Equality	Liability	Disability
FINANCE PUBLIC	National subsidy to unemployment insurance. Compensation payments are used for jobs also for handicapped people. Subsidy from the European Social Fund	Social assistance is financed by taxes in general and fiscal and fiscal drag. subsidy by European Social Fund (ESF),	Grant to aid the compulsory health insurance public system.	Subsidies financed by taxes. Law 903 of the December the 9 th 1997 Positive actions. Law 125, 1995.	Financed by taxes (health insurance, social assistance, unemployment insurance),	Ministry of Labour promotion of employment measures. Subsidy of the European Social Fund

	Labour	Welfare	Health	Equality	Liability	Disability
SERVICE TYPES	<p>Unemployment territorial offices: counselling, guidance, research for further education</p> <p>Rehabilitation in collaboration with the Ministry of Health (decentralized)</p> <p>Administration Units, and other measures related to labour market.</p> <p>By professional associations also rehabilitation measures related to health and vocation, vocational assistant of the professional associations for optimum assistance for approved LTAs.</p> <p>By enterprise: promotion of good health, staff training, anti-drugs coordination.</p> <p>By factory committee:</p>	<p>Social Legislation consultation, integration counselling, industrial law consultation, counselling for debtors, social rehabilitation.</p>	<p>In and outpatients rehabilitation, prevention and intervention, experimental territorial services for home help.</p>	<p>Counselling, public Relations.</p> <p>Positive actions for strengthening of self confidence.</p> <p>Retinue to the work.</p>		<p>In and outpatient rehabilitation, counselling and consultation, care, experimental territorial service, home help, mobile service,</p> <p>Integration services, Work insertion in Social co-operative (30% of workers with residue work capacities)</p>

	advice in the case of cautions, unjust discharges, legal advice by trade unions.					
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	Labour	Welfare	Health	Equality	Liability	Disability
SERVICE PROVIDERS	Vocational counsellor of the labour exchange, vocational assistant, HRM, factory committee, legal adviser of the trade unions, company physician, social worker, other security counsellors.	Social security office, Ministry of Health by the Local Administration Units. Charity. Social organisations, Social Co-operatives self- help groups, trade unions, career guidance,	Health insurance services, private nursing insurance, further education, selfhelp groups, special hospitals, (private and public).	Equal rights representatives, legal advisers of; trade unions, associations of handicapped people, selfhelp groups.	Insurances	Social co-opertives Charitable associations, initiatives of handicapped, self- help groups, Social security office, Representatives of handicapped persons,

	Labour	Welfare	Health	Equality	Liability	Disability
INCENTIVES (INDIRECT)	Unemployment assistance is strong that is a disincentive to look for a new job or do a vocational (re)training.	Social assistance law Dependency on social assistance If employers employ s.o. who receives social assistance, they can get recruitment subsidy by State participation in social security contributions. Contributions reduction. Agreement of the 23 rd July 1993				Workers' Statute Compulsory employment quotas. Law 68, 1999 System for employers. In addition employers get a recruitment subsidy if they engage severely disabled people. The allowance differs, but is approximately 50% of wage for 3 years (if employed on a regular basis)

	Labour	Welfare	Health	Equality	Liability	Disability
DISINCENTIVES	Workers' Statute says that an unemployed person may not be absent from usual whereabouts, except for job interviews.	For those, who are able to work, but are unemployed, the rules of the employment office are also valid.				Disabled persons have no legal means to fight for their integration.